## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correcte maintenance fee notifica	ed below or directed oth tions.	erwise in Block 1, by (a		pondence address;	and/or	(b) indicating a sepa	trate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Feels Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
22045	7590 03/06/	2007		Con-	Manto.	of Malling or Trans	nutral on
BROOKS KUS	1 her	I hereby certify that this Feels Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE Too dadress above, or being facsimile transmitted to the USPTO (571) 375-2885, on the date indicated below.					
1000 TOWN CENTER				essed to the Mai	Stop I	SSUE FEE address	above, or being facsimile
TWENTY-SEC	trans	smitted to the USP	TO (571	273-2885, on the d	ate indicated below.		
SOUTHFIELD,	MI 48075				$\overline{}$		(Depositor's name)
							(Signature)
			<u>ے</u> ا				Joseph
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/602,910	06/24/2003		Shuichi Takayama	Fakayama		OM 0272 PUSP	2157
TITLE OF INVENTION				_			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	
nonprovisional	YES	\$700	\$300	\$0		\$1000	06/06/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS				
NAFF, D		1657	435-395000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys. 1 Brooks Kushman.							Fuchman P C
CFR 1.303).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, the name of a rigidal from (hydric as a mamber a 2).							Rushmon 1101
		(2) the name of a single firm (having as a member a 2					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 sted, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	oe)			
PLEASE NOTE: Un recordation as set fort	less an assignee is identi th in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the portion of t	atent. If an assigr assignment.	ee is id	entified below, the d	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
The Regents of	the Universit	y of Michigan	Ann Arbo	or, MI			
Please check the appropr	riate assignee category or	categories (will not be p	rinted on the patent):	Individual 🖾 C	orporatio	on or other private gr	oup entity Government
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee							
Publication Fee (N	Payment by credit car						
Advance Order -	# of Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-3978 (enclose an extra copy of this form).					
	tus (from status indicate		_				
	ns SMALL ENTITY state		b. Applicant is no lon				
NOTE: The Issue Fee an interest as shown by the	nd Publication Fee (if req records of the United Sta	ired) will not be accepte tes Patent and Trademark	ed from anyone other than t k Office.	he applicant; a reg	istered a	ttorney or agent; or t	he assignee or other party is
Authorized Signature	/Benjamin	C. Stasa/		Date 5/7			
Typed or printed nam				Registration 1	No	55,644	
This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22:	nation is required by 37 C titality is governed by 35 d application form to the ions for reducing this but Virginia 22313-1450. DC 313-1450.	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var- den, should be sent to the NOT SEND FEES OR	on is required to obtain or a 1.1.4. This collection is est y depending upon the individual Chief Information Office COMPLETED FORMS To	retain a benefit by timated to take 12 ridual case. Any c or, U.S. Patent and O THIS ADDRES	the publi minutes omments Tradem S. SEND	ic which is to file (an to complete, includi s on the amount of ti ark Office, U.S. Dep TO: Commissioner	d by the USPTO to process ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.